I

106TH CONGRESS
1ST SESSION

# H. R. 3250

To amend the Public Health Service Act to improve the health of minority individuals.

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IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 8, 1999

Mr. THOMPSON of Mississippi (for himself, Mr. LEWIS of Georgia, Mr. NORWOOD, Mr. JACKSON of Illinois, Mr. BROWN of Ohio, Mr. TOWNS, Ms. ROYBAL-ALLARD, Mr. RODRIGUEZ, Mr. UNDERWOOD, Mr. FILNER, Mrs. CHRISTENSEN, Mr. CONYERS, Mr. WYNN, Mr. GONZALEZ, Mr. HILLIARD, Ms. CARSON, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. SCOTT, Ms. KILPATRICK, Mr. CLYBURN, Mr. RUSH, Mr. CUMMINGS, Mr. PAYNE, Mr. DIXON, Mr. FORD, Ms. MILLENDER-MCDONALD, Ms. WATERS, Mr. MEEKS of New York, Mr. BISHOP, Mrs. MEEK of Florida, Mrs. JONES of Ohio, Mr. DAVIS of Illinois, Ms. LEE, Ms. MCKINNEY, Mrs. NAPOLITANO, Ms. JACKSON-LEE of Texas, Mrs. CLAYTON, Mr. WATT of North Carolina, Mr. FATTAH, Ms. PELOSI, Mr. ABERCROMBIE, and Mr. GEORGE MILLER of California) introduced the following bill; which was referred to the Committee on Commerce

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# A BILL

To amend the Public Health Service Act to improve the health of minority individuals.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) SHORT TITLE.—This Act may be cited as the ''Health Care Fairness Act of 1999''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:



**SEC. 2. FINDINGS.**

The Congress finds as follows:

(1) The United States ranks below most industrialized nations in health status as measured by longevity, sickness, and mortality.

(2) The United States ranks 24th among industrialized nations in infant mortality.

(3) This poor rank in health status is attributed in large measure to the lower health status of America's minority populations.

(4) Many minority groups suffer disproportionately from cancer. Disparities exist in both mortality and incidence rates. For men and women combined, African Americans have a cancer death rate about 35 percent higher than that for whites. Paralleling the death rate, the incidence rate for lung cancer in African American men is about 50 percent higher than white men. Native Hawaiian men also have elevated rates of lung cancer compared with white men. Alaskan Native men and women suffer from higher rates of cancers of the colon and rectum than do whites. Vietnamese women in the United States have a cervical cancer incidence rate more than 5 times greater than white women. Hispanic women also suffer elevated rates of cervical cancer.

(5) Infant death rates among African Americans, Native Americans, and Alaska Natives, and

Hispanics were well above the national average. The greatest disparity exists for African Americans. The overall Native American rate does not reflect the diversity among Indian communities, some of which have infant mortality rates approaching twice the national rate.

(6) Sudden infant death syndrome (referred to in this section as ''SIDS'') accounts for approximately 10 percent of all infant deaths in the first year of life. Minority populations are at greater risk for SIDS. In addition to the greater risks among African Americans, the rates are 3 to 4 times as high for some Native American and Alaskan Native populations.

(7) Cardiovascular disease is the leading cause of death for all racial and ethnic groups. Major disparities exist among population groups, with a disproportionate burden of death and disability from cardiovascular disease in minority and low-income populations. Stroke is the only leading cause of death for which mortality is higher for Asian-American males than for white males.

(8) Racial and ethnic minorities have higher rates of hypertension, tend to develop hypertension

at an earlier age, and are less likely to undergo treatment to control their high blood pressure.

(9) Diabetes, the 7th leading cause of death in the United States, is a serious public health problem affecting racial and ethnic communities. The prevalence of diabetes in African Americans is approximately 70 percent higher than whites and the prevalence in Hispanics is nearly double that of whites. The prevalence rate of diabetes among Native Americans and Alaska Natives is more than twice that for the total population and at least 1 tribe, the Pimas of Arizona, have the highest known prevalence of diabetes of any population in the world.

(10) The human immunodeficiency virus (referred to in this section as ''HIV''), which causes acquired immune deficiency syndrome (referred to in this section as ''AIDS''), results in disproportionate suffering in minority populations. Minority persons represent 25 percent of the total United States population, but 54 percent of all cases of AIDS.

(11) More than 75 percent of AIDS cases reported among women and children occur in minority women and children.

(12) Nearly 2 of 5 (38 percent) Hispanic adults, 1 of 4 (24 percent) African American adults,

and 1 of 4 (24 percent) Asian-American adults are uninsured, compared with 1 of 7 (14 percent) white adults.

(13) Elderly minorities experience disparities in access to care and health status, in part because medicare covers only half the health care expenses of older Americans.

(14) Two of 5 Hispanics and 2 of 5 African Americans age 65 and older rate their health status as fair or poor, compared with less than 1 of 4 (23 percent) white Americans 65 and over.

(15) Nearly 2 of 5 (39 percent) African American adults and almost half (46 percent) of Hispanic adults report that they do not have a regular doctor, compared with 1 of 4 (26 percent) of white adults.

(16) Minority Americans 65 and older are less likely to have a regular doctor or to see a specialist.

(17) Ninety percent of minority physicians produced by Historically Black Medical Colleges live and serve in minority communities.

(18) Almost half (45 percent) of Hispanic adults, 2 of 5 (41 percent) Asian-American adults, and more than 1 of 3 (35 percent) African American adults report difficulty paying for medical care, compared with 1 of 4 (26 percent) white adults.

(19) Despite suffering disproportionate rates of illness, death, and disability, minorities have not been proportionately represented in many clinical research trials, except in studies of behavioral risk factors associated with negative stereotypes.

(20) Culturally sensitive approaches to research are needed to encourage minority participation in research studies.

(21) There is a national need for minority scientists in the fields of biomedical, clinical, and health services research.

(22) In 1990, only 3.3 percent of all United States medical school facilities were underrepresented by minority persons.

(23) Only 1 percent of full professors were underrepresented by minority persons in 1990.

(24) The proportion of underrepresented minorities in high academic ranks, such a professors and associate professors, decreased from 1980 to 1990.

(25) African Americans with identical complaints of chest pain are less likely than white Americans to be referred by physicians for sophisticated cardiac tests.

(26) Cultural competency training in medical schools and residency training programs has the potential to reduce disparities in health care and health outcomes.

(27) More detailed data on health disparities is needed to—

(A) evaluate the impact that race and ethnicity have on health status, access to care, and quality of care; and

(B) enforce existing protections for equal access to care.

# TITLE I—IMPROVING MINORITY HEALTH THROUGH THE NATIONAL INSTITUTES OF HEALTH; ESTABLISHMENT OF NATIONAL CENTER

## SEC. 101. ESTABLISHMENT OF NATIONAL CENTER FOR RESEARCH ON MINORITY HEALTH AND HEALTH DISPARITIES.

(a) IN GENERAL.—Part E of title IV of the Public Health Service Act (42 U.S.C. 287 et seq.), as amended by section 601 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1999 (as contained in section 101(f)

of Public Law 105–277) (112 Stat. 2681–387), is amended by adding at the end the following subpart:

''Subpart 6—National Center for Research on Minority Health and Health Disparities

**''SEC. 485E. PURPOSE OF CENTER.**

''(a) IN GENERAL.—The general purpose of the National Center for Research on Minority Health and Health Disparities (in this subpart referred to as the 'Center') is the conduct and support of basic and clinical research, training, the dissemination of health information, and other programs with respect to minority health.

''(b) COORDINATION OF ACTIVITIES.—The Director of the Center shall act as the primary Federal official with responsibility for overseeing all minority health research conducted or supported by the National Institutes of Health, and—

''(1) shall serve to represent the National Institutes of Health minority health research program at all relevant Executive branch task forces, committees and planning activities; and

''(2) shall maintain communications with all relevant Public Health Service agencies and with various other departments of the Federal Government, to ensure the timely transmission of information concerning advances in minority health research be-

tween these various agencies for dissemination to affected communities and health care providers.

''(c) COLLABORATIVE COMPREHENSIVE PLAN AND BUDGET.—

''(1) IN GENERAL.—Subject to the provisions of this section and other applicable law, the Director of NIH, the Director of the Center, and the directors of the national research institutes in collaboration (and in consultation with the advisory council for the Center) shall—

''(A) establish a comprehensive plan and budget for the conduct and support of all minority health research activities of the agencies of the National Institutes of Health (which plan and budget shall be first established under this subsection not later than 12 months after the date of the enactment of this subpart);

''(B) ensure that the plan and budget demonstrate how minority research activities address the health needs of specific minority populations;

''(C) ensure that the plan and budget establish priorities among the minority health research activities that such agencies are authorized to carry out;

"(D) ensure that the plan and budget establish objectives regarding such activities, describes the means for achieving the objectives, and designates the date by which the objectives are expected to be achieved;

"(E) ensure that all amounts appropriated for such activities are expended in accordance with the plan and budget;

"(F) review the plan and budget not less than annually, and revise the plan and budget as appropriate; and

"(G) ensure that the plan and budget serve as a broad, binding statement of policies regarding minority health research activities of the agencies, but do not remove the responsibility of the heads of the agencies for the approval of specific programs or projects, or for other details of the daily administration of such activities, in accordance with the plan and budget.

"(2) CERTAIN COMPONENTS OF PLAN AND BUDGET.—With respect to minority health research activities of the agencies of the National Institutes of Health, the Director of the Center shall ensure that the plan and budget provide for—

''(A) basic research and applied research, including research and development with respect to products;

''(B) research that is conducted by the agencies;

''(C) research that is supported by the agencies;

''(D) proposals developed pursuant to solicitations by the agencies and for proposals developed independently of such solicitations; and

''(E) behavioral research and social sciences research, which may include cultural and linguistic research in each of the agencies.

''(d) CLINICAL RESEARCH EQUITY.—The Director of the Center shall assist in the administration of section 492B with respect to the inclusion of members of minority groups as subjects in clinical research.

''(e) RESEARCH ENDOWMENTS.—The Director of the Center may carry out a program to facilitate research on minority health by providing for research endowments at centers of excellence under section 736.

''(f) CERTAIN ACTIVITIES.—In carrying out subsection (a), the Director of the Center—

''(1) shall assist the Director of the National Center for Research Resources in carrying out sec-

tion 481(c)(3) and in committing resources for construction at Institutions of Emerging Excellence;

''(2) shall establish projects to promote cooperation among Federal agencies, State, local, and regional public health agencies, and private entities, in minority health research; and

''(3) may utilize information from previous health initiatives concerning minorities.

''(g) ADVISORY COUNCIL.—The Secretary shall, in accordance with section 406, establish an advisory council to advise, assist, consult with, and make recommendations to the Director of the Center on matters relating to the activities described in subsection (a), and with respect to such activities to carry out any other functions described in section 406 for advisory councils under such section. Minority groups shall be equally represented among such members of the advisory council representing a diversity of health professionals.

''(h) SPECIAL AUTHORITIES.—

''(1) ANNUAL BUDGET ESTIMATE.—With respect to a fiscal year, the Director of the Center shall prepare and submit directly to the President, for review and transmittal to the Congress, a budget estimate for the Center for the fiscal year, after reasonable opportunity for comment (but without

change) by the Secretary, the Director of NIH, and the advisory council under section subsection (e). The budget estimate shall include an estimate of the number and type of personnel needs for the Center.

''(2) RECEIPT OF APPROPRIATIONS.—The Director of the Center shall receive directly from the President and the Director of the Office of Management and Budget all funds available for the Center.

''(i) ANNUAL REPORT.—The Director of the Center shall prepare an annual report on the activities carried out or to be carried out by the Center, and shall submit each such report to the Congress, the Secretary, and the Director of NIH. With respect to the fiscal year involved, the report shall—

''(1) describe and evaluate the progress made in minority health research conducted or supported by the national research institutes;

''(2) summarize and analyze expenditures made for activities with respect to minority health research conducted or supported by the National Institutes of Health; and

''(3) contain such recommendations as the Director considers appropriate.

''(j) DEFINITIONS.—For purposes of this subpart:

''(1) The term 'minority health conditions', with respect to individuals who are members of racial and ethnic minority groups, means all diseases, disorders, and conditions (including with respect to mental health and substance abuse)—

''(A) unique to, more serious, or more prevalent in such individuals;

''(B) for which the factors of medical risk or types of medical intervention are different for such individuals, or for which it is unknown whether such factors or types are different for such individuals; or

''(C) with respect to which there has been insufficient research involving such individuals as subjects or insufficient data on such individuals.

''(2) The term 'minority health research' means research on minority health conditions, including research on preventing such conditions, and including research on access, outreach, treatment, and research on cultural and linguistic services for decreasing those conditions.

''(3) The term 'racial and ethnic minority group' has the meaning given such term in section 1707.

''(k) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $100,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 through 2004. Such authorization of appropriations is in addition to other authorizations of appropriations that are available for the conduct and support of research on minority health by the national research institutes and other agencies of the National Institutes of Health.''.

(b) CONFORMING AMENDMENT.—Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by striking section 404.

**SEC. 102. CENTERS OF EXCELLENCE FOR RESEARCH EDUCATION ON HEALTH DISPARITIES AND TRAINING.**

Subpart 6 of part E of title IV of the Public Health Service Act, as added by section 101 of this Act, is amended by adding at the end the following section:

**''SEC. 485F. CENTERS OF EXCELLENCE FOR RESEARCH EDUCATION ON HEALTH DISPARITIES AND TRAINING.**

''(a) IN GENERAL.—The Director of the Center shall make grants to, and enter into contracts with, designated biomedical research institutions described in subsection (c), and other public and nonprofit health or educational

entities, for the purpose of assisting the institutions in supporting programs of excellence in biomedical research education for underrepresented minority individuals.

''(b) REQUIRED USE OF FUNDS.—The Director of the Center may not make a grant under subsection (a) unless the designated biomedical research institution involved agrees, subject to subsection (c)(1)(B), to expend the grant—

''(1) to conduct research into the nature of health disparities and the causes of such disparities, and conduct basic and applied biomedical research, into remedies for disparities and specific diseases affecting minorities and other disadvantaged socioeconomic groups;

''(2) to train minorities and other disadvantaged socioeconomic groups as professionals in the area of biomedical research; or

''(3) to expand, remodel, renovate, or alter existing research facilities or construct new research facilities for the purpose of conducting biomedical research related to health disparities.

''(c) CENTERS OF EXCELLENCE.—

''(1) DESIGNATED INSTITUTIONS.—

''(A) GENERAL CONDITIONS.—The conditions specified in this subparagraph are that a designated biomedical research institution—

''(i) has a significant number of underrepresented minority individuals enrolled in the institution, including individuals accepted for enrollment in the institution;

''(ii) has been effective in assisting underrepresented minority students of the institution to complete the program of education and receive the degree involved;

''(iii) has been effective in recruiting underrepresented minority individuals to enroll in and graduate from the institution, including providing scholarships and other financial assistance to such individuals and encouraging underrepresented minority students from all levels of the educational pipeline to pursue biomedical research careers; and

''(iv) has made significant recruitment efforts to increase the number of underrepresented minority individuals serving in

faculty or administrative positions at the institution.

"(B) CONSORTIUM.—Any designated biomedical research institution involved may, with other biomedical institutions (designated or otherwise) form a consortium to carry out the purposes described in subsection (b) at the institutions of the consortium.

"(C) APPLICATION OF CRITERIA TO OTHER PROGRAMS.—In the case of any criteria established by the Director of the Center for purposes of determining whether institutions meet the conditions described in subparagraph (A), this section may not, with respect to racial and ethnic minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

"(d) DURATION OF GRANT.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Director of the Center and to the availability of appropriations for the fiscal year involved to make the payments.

"(e) DEFINITIONS.—For purposes of this section:

''(1) The term 'disadvantaged socioeconomic groups' means any group, defined by race, ethnicity, gender, sexual orientation, or economic status that is underrepresented in health research.

''(2) The term 'minority' means an individual from a racial or ethnic group (as defined in section 1707) that is underrepresented in health research.

''(3) The term 'program of excellence' means any program carried out by a designated biomedical research institution with a grant made under subsection (a), if the program is for purposes for which the institution involved is authorized in subsection (b) or (c) to expend the grant.

''(f) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2000 through 2004.

''(2) NO LIMITATION.—Nothing in this subsection shall be construed as limiting the centers of excellence referred to in this section to the designated amount, or to preclude such entities from competing for other grants under this section.

''(3) MAINTENANCE OF EFFORT.—

''(A) IN GENERAL.—With respect to activities for which a grant made under this part are authorized to be expended, the Director of the Center may not make such a grant to a center of excellence for any fiscal year unless the center agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the center for the fiscal year preceding the fiscal year for which the institution receives such a grant.

''(B) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a center of excellence and available for carrying out activities for which a grant under this part is authorized to be expended, the Director of the Center may not make such a grant to the center for any fiscal year unless the center agrees that the center will, before expending the grant, expend the Federal amounts obtained from sources other than the grant.''.

**SEC. 103. EXTRAMURAL LOAN REPAYMENT PROGRAM FOR BIOMEDICAL RESEARCH.**

Subpart 6 of part E of title IV of the Public Health Service Act, as amended by section 102 of this Act, is amended by adding at the end the following section:

**"SEC. 485G. EXTRAMURAL LOAN REPAYMENT PROGRAM FOR BIOMEDICAL RESEARCH.**

''(a) IN GENERAL.—The Director of the Center shall establish a program of entering into contracts with qualified health professionals under which such health professionals agree to engage in biomedical research, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

''(b) SERVICE PROVISIONS.—The provisions of sections 338B, 338C, and 338E shall, except as inconsistent with subsection (a), apply to the program established in such subsection (a) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III.

''(c) AVAILABILITY OF APPROPRIATIONS.—Amounts available for carrying out this section shall remain available until the expiration of the second fiscal year begin-

ning after the fiscal year for which the amounts were made available.

''(d) HEALTH DISPARITIES.—In carrying out this section, the Director of the Center shall ensure that not less than 50 percent of the contracts entered into under this section involve appropriately qualified health professionals who are from disadvantaged backgrounds. Any remaining contracts entered into under this section may involve appropriately qualified health professionals who are pursuing biomedical research in the fields of minority health research and health disparities.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2000 through 2002.''.

**SEC. 104. GENERAL PROVISIONS REGARDING THE CENTER.**

Subpart 6 of part E of title IV of the Public Health Service Act, as amended by section 103 of this Act, is amended by adding at the end the following section:

**''SEC. 485H. GENERAL PROVISIONS REGARDING THE CENTER.**

''(a) ADMINISTRATIVE SUPPORT FOR CENTER.—The Secretary, acting through the Director of the National Institutes of Health, shall provide administrative support and support services to the Director of the Center and

shall ensure that such support takes maximum advantage of existing administrative structures at the agencies of the National Institutes of Health.

''(b) EVALUATION AND REPORT.—

''(1) EVALUATION.—Not later than 5 years after the date of the enactment of this part, the Secretary shall conduct an evaluation to—

''(A) determine the effect of this section on the planning and coordination of the minority health research programs at the institutes, centers and divisions of the National Institutes of Health;

''(B) evaluate the extent to which this part has eliminated the duplication of administrative resources among such Institutes, centers and divisions; and

''(C) provide recommendations concerning future alterations with respect to this part.

''(2) REPORT.—Not later than 1 year after the date on which the evaluation is commenced under paragraph (1), the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Commerce of the House of Representatives, a report concerning the results of such evaluation.''.

**SEC. 105. REPORT REGARDING METHODOLOGY FOR DETERMINING RESOURCES OF NATIONAL INSTITUTES OF HEALTH DEDICATED TO RESEARCH ON MINORITY HEALTH.**

Not later than one year after the date of the enactment of this Act, the Director of the National Center for Research on Minority Health and Health Disparities (established by the amendment made by section 101(a)), after consultation with the advisory council for such Center, shall submit to the Congress, the Secretary of Health and Human Services, and the Director of the National Institutes of Health a report that makes recommendations for the methodology that should be used to determine the extent of the resources of the National Institutes of Health that are dedicated to research on minority health, including determining the amount of funds that are used to conduct and support such research. With respect to such methodology, the report shall address the discrepancies between the methodology used by such Institutes as of the date of the enactment of this Act and the methodology used by the Institute of Medicine as of such date.

**SEC. 106. REPORT BY DIRECTOR OF CENTER REGARDING RESOURCES OF NATIONAL INSTITUTES OF HEALTH DEDICATED TO RESEARCH ON MINORITY HEALTH.**

Not later than December 1, 2003, the Director of the National Center for Research on Minority Health and Health Disparities (established by the amendment made by section 101(a)), after consultation with the advisory council for the Center, shall submit to the Congress a report that provides a determination by the Director of whether and to what extent, relative to fiscal year 1999, there has been an increase in the level of resources of the National Institutes of Health that are dedicated to research on minority health, including the amount of funds used to conduct and support such research. The report shall include provisions describing whether and to what extent there have been increases in the number and amount of awards to minority serving institutions.

# TITLE II—MINORITY HEALTH RESEARCH BY THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH

## SEC. 201. MINORITY HEALTH RESEARCH BY THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH.

(a) IN GENERAL.—Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended by adding at the end the following:

**"SEC. 906. RESEARCH ON MINORITY HEALTH DISPARITIES.**

''(a) IN GENERAL.—The Administrator of the Agency for Health Care Policy and Research shall—

''(1) conduct and support research to identify how to improve the quality and outcomes of health care services for minority populations and the causes of health disparities for minority populations, including barriers to health care access;

''(2) conduct and support research and support demonstration projects to identify, test, and evaluate strategies for eliminating the disparities described in paragraph (1) and promoting effective interventions;

''(3) develop measures for the assessment and improvement of the quality and appropriateness of health care services provided to minority populations; and

''(4) in carrying out 902(c), provide support to increase the number of minority health care researchers and the health services research capacity of institutions that train minority health care researchers.

''(b) RESEARCH AND DEMONSTRATION PROJECTS.—

''(1) IN GENERAL.—In carrying out subsection (a), the Administrator shall conduct and support research to—

''(A) identify the clinical, cultural, socioeconomic, and organizational factors that contribute to health disparities for minority populations (including examination of patterns of clinical decisionmaking and of the availability of support services);

''(B) identify and evaluate clinical and organizational strategies to improve the quality, outcomes, and access to care for minority populations;

''(C) support demonstrations to test such strategies; and

''(D) widely disseminate strategies for which there is scientific evidence of effectiveness.

''(2) USE OF CERTAIN STRATEGIES.—In carrying out this section the Administrator shall implement research strategies and mechanisms that will enhance the involvement of minority health services researchers, institutions that train minority researchers, and members of minority populations for whom the Agency is attempting to improve the quality and outcomes of care, including—

''(A) centers of excellence that can demonstrate, either individually or through consortia, a combination of multi-disciplinary expertise in outcomes or quality improvement research and a demonstrated capacity to engage minority populations in the planning, conduct and translation of research, with linkages to relevant sites of care;

''(B) provider-based research networks, including health plans, facilities, or delivery system sites of care (especially primary care), that make extensive use of minority health care providers or serve minority patient populations and have the capacity to evaluate and promote quality improvement; and

''(C) other innovative mechanisms or strategies that will facilitate the translation of past

research investments into clinical practices that can reasonably be expected to benefit these populations.

''(c) QUALITY MEASUREMENT DEVELOPMENT.—

''(1) IN GENERAL.—To ensure that minority populations benefit from the progress made in the ability of individuals to measure the quality of health care delivery, the Administrator of the Agency for Health Care Policy and Research shall support the development of quality of health care measures that assess the experience of minority populations with health care systems, such as measures that assess the access of minority populations to health care, the cultural competence of the care provided, the quality of the care provided, the outcomes of care, or other aspects of health care practice that the Administrator determines to be important.

''(2) REPORT.—Not later than 24 months after the date of enactment of this section, the Secretary, acting through the Administrator, shall prepare and submit to the appropriate committees of Congress a report describing the state-of-the-art of quality measurement for minority populations which will identify critical unmet needs, the current activities

of the Department to address those needs, and a description of related activities in the private sector.

''(d) DEFINITION.—For purposes of this section, the term 'minority', with respect to populations, refers to racial and ethnic minority groups as defined in section 1707.''.

(b) FUNDING.—Section 926 of the Public Health Service Act (42 U.S.C. 299c–5) is amended by adding at the end the following:

''(f) MINORITY HEALTH DISPARITIES RESEARCH.—For the purpose of carrying out the activities under section 906, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2000 through 2004.''.

# TITLE III—DATA COLLECTION RELATING TO RACE OR ETHNICITY

## SEC. 301. STUDY AND REPORT BY NATIONAL ACADEMY OF SCIENCES.

(a) STUDY.—The National Academy of Sciences shall conduct a comprehensive study of the Department of Health and Human Services' data collection systems and practices, and any data collection or reporting systems required under any of the programs or activities of the Department, relating to the collection of data on race or eth-

nicity, including other Federal data collection systems (such as the Social Security Administration) with which the Department interacts to collect relevant data on race and ethnicity.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the National Academy of Sciences shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report that—

(1) identifies the data needed to support efforts to evaluate the effects of race and ethnicity on access to health care and other services and on disparity in health and other social outcomes and the data needed to enforce existing protections for equal access to health care;

(2) examines the effectiveness of the systems and practices of the Department of Health and Human Services described in subsection (a), including pilot and demonstration projects of the Department, and the effectiveness of selected systems and practices of other Federal and State agencies and the private sector, in collecting and analyzing such data;

(3) contains recommendations for ensuring that the Department of Health and Human Services, in administering its entire array of programs and activities, collects, or causes to be collected, reliable and complete information relating to race and ethnicity; and

(4) includes projections about the costs associated with the implementation of the recommendations described in paragraph (3), and the possible effects of the costs on program operations.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for fiscal year 2000 to carry out this section.

# TITLE IV—MEDICAL EDUCATION

## SEC. 401. GRANTS FOR HEALTH CARE EDUCATION CURRICULUM DEVELOPMENT.

Part F of title VII of the Public Health Service Act (42 U.S.C. 295j et seq.) is amended by inserting after section 791 the following:

### "SEC. 791A. GRANTS FOR HEALTH PROFESSIONAL EDUCATION CURRICULUM DEVELOPMENT.

''(a) GRANTS FOR GRADUATE EDUCATION CURRICULUM DEVELOPMENT.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources

and Services Administration and in collaboration with the Administrator for Health Care Policy and Research and the Deputy Assistant Secretary for Minority Health, may make awards of grants, contracts, or cooperative agreements to public and nonprofit private entities for the purpose of carrying out research projects and demonstration projects to develop curricula to reduce disparity in health care outcomes, including curricula for cultural competency in graduate medical education.

''(2) ELIGIBILITY.—To be eligible to receive a grant, contract or cooperative agreements under paragraph (1), an entity shall—

''(A) be a school of medicine, school or osteopathic medicine, school or dentistry, school of public health, school of nursing, or other recognized health profession school; and

''(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(3) USE OF FUNDS.—An entity shall use amounts received under a grant under paragraph (1) to carry out research projects and demonstration projects to develop curricula to reduce disparity in

health care outcomes, including curricula for cultural competency in graduate medical education.

''(4) NUMBER OF GRANTS AND GRANT TERM.—The Secretary shall award 20 grants, contracts or cooperative agreements (or combination thereof) under paragraph (1) in each of the first and second fiscal years for which funds are available under subsection (f). The term of each such grant, contract or cooperative agreement shall be 3 years.

''(b) GRANTS FOR CONTINUING HEALTH PROFESSIONAL EDUCATION CURRICULUM DEVELOPMENT.—

''(1) IN GENERAL.—The Secretary, acting through the Health Resources and Services Administration and the Agency for Health Care Policy and Research and in collaboration with the Office of Minority Health, shall award grants to eligible entities for the establishment of demonstration and pilot projects to develop curricula to reduce disparity in health care and health outcomes, including curricula for cultural competency, in continuing medical education.

''(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1) an entity shall—

''(A) be a school of medicine, osteopathic medicine, public health, dentistry, optometry,

pharmacy, allied health, chiropractic, podiatric medicine, nursing, and public health and health administration, public or nonprofit private school that offers graduate programs in behavioral and mental health, program for the training of physician assistants, health professional association, or other public or nonprofit health educational entity, or any consortium of entities described in this subparagraph; and

''(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(3) USE OF FUNDS.—An entity shall use amounts received under a grant under paragraph (1) to develop and evaluate the effect and impact of curricula for continuing medical education courses or programs to provide education concerning issues relating to disparity in health care and health outcomes, including cultural competency of health professionals. Such curricula shall focus on the need to remove bias from health care at a personal level as well as at a systematic level.

''(4) NUMBER OF GRANTS AND GRANT TERM.—The Secretary shall award 20 grants under para-

graph (1) in each of the first and second fiscal years for which funds are available under subsection (f). The term of each such grant shall be 3 years.

''(c) DISTRIBUTION OF PROJECTS.—The Secretary shall ensure that, to the extent practicable, projects under subsections (a) and (b) are carried out in each of the principal geographic regions of the United States and involve different racial and ethnic minority groups and health professions.

''(d) MONITORING.—An entity that receives a grant, contract or cooperative agreement under subsection (a) or (b) shall ensure that procedures are in place to monitor activities undertaken using grant, contract or cooperative agreement funds. Such entity shall annually prepare and submit to the Secretary a report concerning the effectiveness of curricula developed under the grant contract or cooperative agreement.

''(e) REPORT TO CONGRESS.—Not later than January 1, 2002, the Secretary shall prepare and submit to the appropriate committees of Congress, a report concerning the effectiveness of programs funded under this section and a plan to encourage the implementation and utilization of curricula to reduce disparity in health care and health outcomes. A final report shall be submitted by the Secretary not later than January 1, 2004.

''(f) DEFINITION.—For purposes of this section, the term 'racial and ethnic minority group' has the meaning given such term in section 1707.

''(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $3,500,000 for fiscal year 2000, $7,000,000 for fiscal year 2001, $7,000,000 for fiscal year 2002, and $3,500,000 for fiscal year 2003.''.

**SEC. 402. NATIONAL CONFERENCE ON CONTINUING HEALTH PROFESSIONAL EDUCATION AND DISPARITY IN HEALTH OUTCOMES.**

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall convene a national conference on continuing medical education as a method for reducing disparity in health care and health outcomes, including continuing medical education on cultural competency. The conference shall include sessions to address measurements of outcomes to assess the effectiveness of curricula in reducing disparity.

(b) PARTICIPANTS.—The Secretary of Health and Human Services shall invite minority health advocacy groups, health education entities described in section 741(b)(1) of the Public Health Service Act (as added by

section 401), and other interested parties to attend the conference under subsection (a).

(c) ISSUES.—The national conference convened under subsection (a) shall address issues relating to the role of continuing medical education in the effort to reduce disparity in health care and health outcomes, including the role of continuing medical education in improving the cultural competency of health professionals. The conference shall focus on methods to achieve reductions in the disparities in health care and health outcomes through continuing medical education courses or programs and on strategies for measuring the effectiveness of curricula to reduce disparities.

(d) PUBLICATION OF FINDINGS.—Not later than 6 months after the convening of the national conference under subsection (a), the Secretary of Health and Human Services shall publish in the Federal Register a summary of the proceedings and the findings of the conference.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.

**SEC. 403. CONTINUING MEDICAL EDUCATION INCENTIVE PROGRAM.**

(a) IN GENERAL.—The Secretary of Health and Human Services shall develop and implement a program

to provide incentives to health maintenance organizations, community health centers, rural health centers, and other entities providing services under title XVIII or XIX of the Social Security Act (42 U.S.C. 1395 et seq. or 1396 et seq.) to encourage health care professionals employed by, or under contract with, such entities to participate in continuing medical education programs designed to decrease the disparity of health across racial and ethnic minority groups.

(b) EFFECTIVE PROGRAMS.—In developing the program under subsection (a), the Secretary of Health and Human Services shall ensure that incentives are targeted at programs that address each of the following issues:

(1) Implementing new curricula or strategies for continuing medical education programs designed to decrease the disparity of health across racial and ethnic minority groups or of continuing medical education curricula or strategies that have been proven effective in decreasing the disparity of health across racial and ethnic minority groups.

(2) Encouraging health professionals to participate in such curricula.

(3) Monitoring health care and health outcomes as a way in which to evaluate the effectiveness of continuing medical education programs in decreasing

the disparity of health across racial and ethnic minority groups.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.

**SEC. 404. ADVISORY COMMITTEE.**

(a) ESTABLISHMENT.—The Secretary of Health and Human Services shall establish an advisory committee the provide advice to the Secretary on matters related to the development, implementation, and evaluation of graduate and continuing education curricula for health care professionals to decrease the disparity in health care and health outcomes, including curricula on cultural competency as a method of eliminating health disparity.

(b) MEMBERSHIP.—Not later than 3 months after the date on which amounts are appropriated to carry out this section, the Secretary of Health and Human Services shall appoint the members of the advisory committee. Such members shall be appointed from among individuals who—

(1) are not officers or employees of the Federal Government;

(2) are experienced in issues relating to health disparity;

(3) are minorities or representatives of racial and ethnic minority groups; and

(4) meet such other requirements as the Secretary determines appropriate;

and shall include a representative of the Office of Minority Health under section 1707 of the Public Health Service Act (42 U.S.C. 300u–6) and such other representatives of offices and agencies of the Public Health Service as the Secretary determines to be appropriate. Such representatives shall include 1 or more individuals who serve on the advisory committee under section 1707(c) of such Act.

(c) COLLABORATION.—The advisory committee shall carry out its duties under this section in collaboration with the Office of Minority Health of the Department of Health and Human Services, and other offices centers and institutes of the Department of Health and Human Services, and other Federal agencies.

(d) TERMINATION.—The advisory committee shall terminate on the date that is 4 years after the date on which the first member of the committee is appointed.

(e) EXISTING COMMITTEE.—The Secretary may designate an existing advisory committee operating under the authority of the Office of Minority Health of the Department of Health and Human Services to serve as the advisory committee under this section.

**SEC. 405. CULTURAL COMPETENCY CLEARINGHOUSE.**

(a) ESTABLISHMENT.—The Director of the Office of Minority Health of the Department of Health and Human Services shall establish within the Resource Center of the Office of Minority Health, or through the awarding of a grant provide for the establishment of, an information clearinghouse for curricula to reduce disparity in health care and health outcomes. The clearinghouse shall facilitate and enhance, through the effective dissemination of information, knowledge and understanding of practices that lead to decreases in the disparity of health across racial and ethnic minority groups, including curricula for continuing medical education to develop cultural competency in health care professionals.

(b) AVAILABILITY OF INFORMATION.—Information contained in the clearinghouse shall be made available to minority health advocacy groups, health education entities described in section 791A(b)(2)(A) of the Public Health Service Act (as added by section 401), health maintenance organizations, and other interested parties.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.

# TITLE V—MISCELLANEOUS PROVISIONS

**SEC. 501. OFFICE FOR CIVIL RIGHTS.**

(a) PUBLIC AWARENESS CAMPAIGN.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall conduct a national media campaign for the purpose of informing the public of the programs and activities of the Office for Civil Rights, Department of Health and Human Services. The campaign shall—

(A) have a specific focus on racial and ethnic minority communities, as well as the general public; and

(B) involve racial and ethnic media as participants in the design and conduct of the campaign.

(2) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out paragraph (1), there are authorized to be appropriated such sums as may be necessary for fiscal year 2000.

(b) OMBUDSMAN DEMONSTRATION PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this subsection referred to as the ''Secretary'') shall carry out a demonstration program under which the Secretary makes grants to

States for the purpose of establishing and operating State offices to identify, investigate, and facilitate the resolution of complaints relating to civil rights, and to carry out functions authorized pursuant to paragraph (3) (which office is referred to in this subsection as the ''State Ombudsman Office'').

(2) OMBUDSMAN.—The Secretary shall require that each State Ombudsman Office under paragraph (1) be headed by an individual with expertise and experience in the field of civil rights and advocacy.

(3) CERTAIN REQUIREMENTS AND AUTHORITIES.—In carrying out paragraph (1), the Secretary shall consider the requirements and authorities that apply to the operation of State offices under chapter 2 of subtitle A of title VII of the Older Americans Act of 1965 (relating to State Long-Term Care Ombudsman Programs). In providing for State Ombudsman Offices under paragraph (1), the Secretary may establish requirements and authorities with respect to civil rights that are the same as or similar to the requirements and authorities that apply under such chapter 2 with respect to residents of long-term care facilities.

(c) FUNDING.—There are authorized to be appropriated for the Office for Civil Rights, Department of

Health and Human Services, $36,000,000 for fiscal year 2000 and each subsequent fiscal year.

**SEC. 502. DEVELOPMENT OF STANDARDS; STUDY TO MEASURE PATIENT OUTCOMES UNDER THE MEDICARE AND MEDICAID PROGRAMS BY RACE AND ETHNICITY.**

(a) DEVELOPMENT OF STANDARDS.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services, acting through the Administrator of the Health Care Financing Administration, shall develop outcome measures to evaluate, by race and ethnicity, the performance of health care programs and projects that provide health care to individuals under the medicare and medicaid programs (under titles XVIII and XIX, respectively, of the Social Security Act (42 U.S.C. 1395 et seq. and 1396 et seq.).

(b) STUDY.—After the Secretary develops the outcome measures under subsection (a), the Secretary shall conduct a study that evaluates, by race and ethnicity, the performance of health care programs and projects referred to in subsection (a).

(c) REPORT TO CONGRESS.—Not later that 2 years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report describing the outcome measures developed under

subsection (a), and the results of the study conducted pursuant to subsection (b).

**SEC. 503. DEPARTMENTAL DEFINITION REGARDING MINORITY INDIVIDUALS.**

Section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6) is amended—

(1) by striking ''Asian Americans and'' and inserting ''Asian Americans;''; and

(2) by inserting ''Native Hawaiians and other'' before ''Pacific Islanders;''.

**SEC. 504. CONFORMING PROVISION REGARDING DEFINITIONS.**

For purposes of this Act, the term ''racial and ethnic minority group'' has the meaning given such term in section 1707 of the Public Health Service Act.

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